

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Dental Association Independent Expenditures Committee

ADDRESS (number and street) ▼

1111 14th Street, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488338

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2012

through

M M M / D D D / Y Y Y Y Y Y
06 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Richard Huot

Signature of Treasurer

Dr. Richard Huot

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 05 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Dental Association Independent Expenditures Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		23680.69
(b) Cash on Hand at Beginning of Reporting Period.....	23683.63	
(c) Total Receipts (from Line 19)	151325.05	151327.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	175008.68	175008.68
7. Total Disbursements (from Line 31)	119969.75	119969.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55038.93	55038.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Dental Association Independent Expenditures Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

0.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

0.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

151325.05

151327.99

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

151325.05

151327.99

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

151325.05

151327.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	56.00	56.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	56.00	56.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	119913.75	119913.75
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	119969.75	119969.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	119969.75	119969.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	56.00	56.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	56.00	56.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 9
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Association Independent Expenditures Committee

Full Name (Last, First, Middle Initial)

A. Citibank 2

Mailing Address 1500 Vermont Ave Nw

City State Zip Code
 Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

126500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 17 2012

Transaction ID : 10765018

Amount of Each Receipt this Period

126500.00

Full Name (Last, First, Middle Initial)

B. Citibank 2

Mailing Address 1500 Vermont Ave Nw

City State Zip Code
 Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

151316.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 09 2012

Transaction ID : 10819315

Amount of Each Receipt this Period

24816.09

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

151316.09

151316.09

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 7 OF 9
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee		FEC IDENTIFICATION NUMBER ▼ C C00488338
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee American Viewpoint, Inc.		Date MM / DD / YYYY 04 / 20 / 2012
Mailing Address 300 North Lee Street Suite 400		Amount 11000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Phone Survey NC-08 Primary Election	Category/ Type 005	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Scott Keadle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 11000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : 10765017

Full Name (Last, First, Middle Initial) of Payee Strategic Impact		Date MM / DD / YYYY 04 / 30 / 2012
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 21190.02
City Lexington	State KY	Zip Code 40509
Purpose of Expenditure Direct Mail Piece NC-08	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Scott Keadle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 32190.02		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : 10791972

(a) SUBTOTAL of Itemized Independent Expenditures.....	32190.02
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dr. Richard Huot

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 05 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 8 OF 9
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488338 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y </div>

Full Name (Last, First, Middle Initial) of Payee Strategic Impact		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 05 / 03 / 2012 </div>	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 21190.02 </div>	
City Lexington	State KY	Zip Code 40509	Transaction ID : 10792006
Purpose of Expenditure Direct Mail Piece NC-08 Primary	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Scott Keadle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 53380.04 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Strategic Impact		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 05 / 08 / 2012 </div>	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 27516.86 </div>	
City Lexington	State KY	Zip Code 40509	Transaction ID : 10819221
Purpose of Expenditure Direct Mail Piece ID-02 Primary	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: ID <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Mike K. Simpson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 27516.86 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 48706.88 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dr. Richard Huot

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 9 OF 9
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488338 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name (Last, First, Middle Initial) of Payee Strategic Impact		Date M M / D D / Y Y Y Y Y Y 05 / 10 / 2012	
Mailing Address 1890 Star Shoot Parkway #17-250		Amount 27516.85	
City Lexington	State KY	Zip Code 40509	Transaction ID : 10819223
Purpose of Expenditure Direct Mail Piece ID-02 Primary	Category/ Type 003	Office Sought: <input checked="" type="checkbox"/> House State: ID <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Mike K. Simpson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 55033.71		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee American Viewpoint, Inc.		Date M M / D D / Y Y Y Y Y Y 06 / 25 / 2012	
Mailing Address 300 North Lee Street Suite 400		Amount 11500.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 10922506
Purpose of Expenditure NC-08 Primary Runoff-Phone Survey	Category/ Type 005	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Scott Keadle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11500.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	39016.85
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	119913.75

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dr. Richard Huot

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 07 / 05 / 2012

Signature